

**GEMS ALS Course
Course Coordinator Orientation
Application**

February 13-14, 2008 ~ Belgrade, MT

Please complete each section in its entirety. Once completed, please fax or mail one copy of the application along with the SIGNED contract to the address below:

Amy Mellinger
Critical Illness & Trauma Foundation
2075 Charlotte St, Suite 1
Bozeman, MT 59718
Fax: 406-585-2741

The application must be received by the Critical Illness & Trauma Foundation no later than 5:00 PM, January 9, 2009.

Applicant Information:

First Name: _____ Last Name: _____

Title: _____

License Agency: _____

License Number: _____ Hospital ID: _____

Business Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Home Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Preferred Mailing Address (please circle one): Business Home Other*

***Other Mailing Address** - If other marked above, please fill in address below

Address: _____

City: _____ State: _____ Zip: _____

Medical Education (please circle the highest completed):

Dr MD EMT-P EMT-B EMT-I Other

Teaching Experience (Attach additional page if necessary):

Don't Forget: A signed contract must accompany the application for it to be eligible for selection.